SALTASH
MUNICIPAL BOROUGH

THE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1953.

P. J. FOX, M.B., B.Ch., B.A.O., D.P.H.

Dingle & Co., Printers, Saltash.

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For the Year 1953.

To the Mayor, Aldermen and Councillors of the Corporation of the Borough of Saltash

YOUR WORSHIP, MADAM AND GENTLEMEN,

Once again the time has come round to present my Annual Report, and through it to convey a picture, in a very general way, of the health of the community in that part of Cornwall which goes to make up Health Area No. 7 during the year 1953. I am again following the practice of providing a general preface which will be common to all six County District Annual Reports. In it I shall endeavour to set down my impressions as I tend to see them for the greater part of my time—as an Area Medical Officer of Health to some 53,000 people in this part of the County. Where matters peculiar to any one County District arise, comment on them will appear in the body of the Annual Report of that particular district.

My main impression of public health in 1953 is one of little change. There were no marked improvements or advances, but small gains were recorded in some directions. Thus the corrected birth rate for the Area was fractionally above the national figure at 15.6 per 1,000 of population. The corrected death rate of 10.7 per 1,000 of population in the Area compares favourably with the national figure of 11.4 per 1,000. Although only one maternal death occurred it was sufficient to produce a rate of 1.36 per 1,000 total births as against the national rate of 0.76 per 1,000 total births. The stillbirth and infant mortality rates were both lower than the corresponding rates for England and Wales. Something of a set-back was experienced in tuberculosis where the total of cases notified was the highest for at least five years, and was in fact some 30% above the average total for the previous five years 1948-52. I shall deal with this matter in greater detail later in this preface. The estimated mid-1953 population of the Area at 53,276 showed a small decrease as compared with the figures of 53,520 for 1952. Of the individual County Districts which go to make up the Health Area, St. Germans R.D., Liskeard R.D. Saltash M.B. and Torpoint U.D.

showed small reductions in populations whilst Liskeard M.B. and Looe U.D. showed small increases. In no case were the figures sufficiently great to be of any significance or call for any comment. The birth rate was below the national figure of 15.5 per 1,000, in St. Germans R.D., Torpoint U.D., Liskeard M.B., and Looe U.D., and above it in Liskeard R.D. and Saltash M.B. The death rate was below the national rate of 11.4 per 1,000 in all County Districts with the exception of Liskeard M.B. where it was 18.6 per 1,000. Looking no further than this one might conclude that the Borough of Liskeard was not a particularly healthy locality. On closer examination the real reason for this high death rate soon becomes apparent and is seen to be directly due to the presence in the town of a hospital for aged and chronic sick persons, Lamellion Hospital. Prior to 1953 the deaths of patients in Lamellion Hospital were attributed to the district in which they previously resided. Towards the end of 1952 the Registrar-General decided that in future all persons dying in Lamellion Hospital would be regarded as having their place of residence there, and in consequence their deaths would be for statistical purposes attributed to the Borough of Liskeard. Whilst it might be reasonable to so attribute the deaths of those who had spent many months or years prior to death in Lamellion Hospital or in the adjacent Part III accommodation in the Institution, it appears to me to be quite wrong to do so in those cases where the death had occurred within a short time of the person having been admitted from some district outside Liskeard Borough. It appears to me that some definite period of time should be set, inside which the person dying would be regarded as a temporary resident whose death would be transferred to the previous permanent place of residence. Such a dividing line might be set at six months, nine months, or one year, and it would avoid the present anomalous situation whereby the Borough of Liskeard is made statistically responsible for the death of a resident of some adjacent district who has been brought into Lamellion Hospital to breathe his last. If the public are to appreciate and trust the statistics which appear in official reports they must have some assurance that they are based on a sound and reasonable interpretation of facts. As the practice in the matter under discussion does not seem to me to measure up to these criteria, I have taken it up with the General Register Office in the hope that a better and more exact method can be arrived at.

As in previous years heart disease is the most frequent single cause of death in this Area, with cancer again in second place. Of the various well defined heart diseases the most numerous was coronary disease, where the small blood vessels supplying

the heart itself become narrowed or blocked. Recent research into the association between occupation and this disease points to the fact that it appears to occur more commonly in those whose occupation is mainly sedentary. Thus in one interesting series it was found to be more common amongst the drivers of London buses than amongst their colleagues who worked as conductors. Other recent work points to heavy consumption of tobacco as a possible aggravating factor in this disease. The cause or causes of cancer still remain obscure. Whilst cancer of the stomach remains the most frequent type of fatal cancer in this Area there has been a noticeable increase in deaths from cancer of the bronchus and lung from 5 in 1952 to 14 deaths in 1953. As most of you are aware, there is a very strong presumption that heavy consumption of tobacco, particularly in the form of cigarettes, over a long period is a cause of bronchial and lung cancer. This belief has very recently been strengthened by the preliminary results of an enquiry and investigaton which has been taking place into the smoking habits of members of the medical profession in this country. Without wishing to appear an alarmist on the subject, I think it is only reasonable to again remind all who use tobacco, and especially those adolescents, and young adults who will use it over a long span of years, that its consumption in large amount may be fraught with the danger of producing cancer of the bronchus or the lung, and to counsel moderation at least if abstinance cannot be achieved. One hopes that all the prominence recently given to this subject will stimulate further enquiry and research into it more especially as the powerful tobacco industry both here and in the United States has contributed a large sum of money to finance research.

It is possible that such research will free tobacco of the suspicion that it can cause fatal disease, or it may suggest methods of removing the offending constituent, without destroying its wide-spread appeal.

Much has been written in recent years about the possibility, and even more the probability that tuberculosis will be eradicated in the foreseeable future. Tuberculosis has been and still is for the majority of its victims a chronic, disabling disease whose course is measured in months and years. Not so very long ago its outcome was frequently fatal, but in the period since the end of the last war notable advances in the treatment of tuberculosis have reduced the mortality. Thus in Cornwall the death rate for tuberculosis in 1952 was about half that of the year 1946, and the same is true if the figures for England and Wales are examined. This appreciable and very welcome reduction in mortality has infused into the outlook on tuber-

culosis a feeling of optimism that the turning in the long and tragic lane of tuberculous disease has been reached, and that the end for which so many generations have striven is in sight. There has been a tendency in some quarters to draw from the improvement in mortality a conclusion that the situation in tuberculosis is showing a general all round improvement. Unfortunately this is not so since the incidence of the disease, as measured by new cases notified, shows no reduction This is true of local figures for this Health Area, and for the larger numbers involved in the County, and the Country as a whole. During the five year period 1948-52 the average number of new cases of tuberculosis notified in No. 7 Health Area each year was 51, and in none of these years did the total differ appreciably from the totals for other years or from the average for the five years. It is therefore true to say that whereas mortality has been falling, the number of people contracting the disease showed no reduction over the period 1948-52. It is therefore not surprising to find that in 1953 there was no reduction in the incidence of tuberculosis in this Area. On the contrary there was a moderate increase, the total of 63 new cases representing a 24% increase over the average for the previous five years, and being 9 above the previous highest total of 54 cases in 1952. It would obviously not be reasonable or wise to take an unduly pessimistic view of these figures which are for one year only. It may well be that in 1954 the situation will improve and figures will return to a more normal level. Nevertheless it appears that there is at present no justification for much of the optimism which the reduced mortality rate has engendered. Tuberculosis is still prevalent to the extent that every year out of every thousand people in this Area one or two contract the disease and are thereby disabled for a long period, and become potential sources of infection to others.

At this point it is appropriate that the possible causes for the increased incidence of tuberculosis be examined, and here we leave the certainty of facts and figures, and enter the realms where conjecture plays a large part in providing the answer to our questions. I think it is reasonable to suppose that no single cause is responsible for the increase, and to state further that the broad general reasons for the increase are two-fold. In the first place there probably has been some real increase in the amount of tuberculous infection in the community, but it is unlikely that this accounts for all the increase in the incidence of the disease. In the second place better and more efficient methods of recognising the disease have been responsible for the bringing to light of cases which were previously overlooked. Some two years ago the Chest Clinic services in East Cornwall

were re-organised and based on Plymouth instead of West Cornwall. When this re-organisation took place Dr. J. C. Mellor was appointed as Chest Physician to a Clinical Area which included East Cornwall. About the same time the Cornwall County Council appointed a full-time Tuberculosis Health Visitor, Miss S. L. Luxton. By their enthusiasm and hard work Dr. Mellor and Miss Luxton have provided an excellent service for handling cases of tuberculosis and their contacts, and considerable assistance and advice has been given to the family doctor in this important matter. I believe that as a result of this, the family doctor has not hesitated to refer doubtful or chronic cases of chest ailments to the Chest Clinic and in that way some new cases of pulmonary tuberculosis have been discovered. Whilst the immediate impact of such discoveries tends to depress our hopes of eliminating this disease, the long-term outlook is improved by the discovery and recognition of such cases. Our main hope of controlling and eliminating tuberculosis lies in the early recognition and control of the affected individual and the careful checking and surveillance of the close contacts at least. Ideally all known regular contacts of any new case of tuberculosis should be examined and checked in an endeavour to find a possible source of infection and to discover any other individuals who had been infected either by our newly discovered case or by the original infecting source. Unfortunately this procedure is so difficult to put into effect as to be almost impossible, and at present our control and surveillance of contacts is confined to close family associates of the case, usually those living in the same house. We do recognise, and this is especially true of tuberculosis in young, and previously active adolescents and adults, that there may be a wide circle of contacts beyond the family which is not checked or investigated. The main reason for not checking contacts in this wider circle is one of manpower, since to carry it out thoroughly and conscientiously would require a large staff of health visitors, and Chest Clinics would necessarily be involved in attending to the large number of contacts. An additional reason is the undesirability of disseminating widely the fact that any individual is suffering from tuberculosis. In the circumstances contact tracing is confined to the relatively restricted circle of relatives with whom the patient has been in close contact, and in which the chances of discovering the source of infection, and/or secondary cases of the disease would seem to be greatest. Nevertheless this does allow some sources of infection and/or secondary cases (themselves further potential sources of infection) to escape recognition and thereby to act as reservoirs, and disseminators of infection. For this reason we must accept the probability that eradication of tuberculosis will be a slow and sometimes a discouraging business. On the other

hand new methods of prevention and treatment of this disease, together with a more enlightened and intelligent outlook on the part of the general public, will as time goes by exert an increasingly favourable influence on the situation.

Whilst on the subject of specific preventive measures against tuberculosis I can report two encouraging developments. Early in 1954 all children in the school-leaving group, i.e., all those who attain the age of 14 years during 1954, will be examined by mass-radiography, and if after this, and one further simple skin test, they are found suitable, they will be offered (subject to parental consent) B.C.G. vaccination against tuberculosis. This group has been selected because it is felt that adolescents when they leave school and commence work are exposed to a greater risk of tuberculous infection, without in many cases the opportpnity to develop the adults' power of resistance to the disease. Vaccination with B.C.G. enables them to safely and quickly acquire a reasonable degree of resistance to tuberculosis, and thereby reduce the tragic toll which this disease has always exacted amongst adolescents, and young adults. In considering B.C.G. vaccination we ought in fairness to this measure of prevention, try to understand the type of protection it affords, and the limitations which attach to it. Whilst it gives a good measure of protection against the amount of tuberculous infection encountered in normal everyday life, it does not guarantee protection against the less common occasions on which heavy infection is met with. As a corollary to this it can be said that B.C.G. vaccination should not be called upon to protect the individual from the consequences of a careless and irresponsible mode of living, which in adolescents, and young adults is best described as "burning the candle at both ends." Properly regarded as a help in the prevention of tuberculosis, I feel sure that B.C.G. vaccination represents a valuable new weapon in our fight against this disease.

I have written at some length about tuberculosis because in my view it represents one of the very few serious communicable diseases which remain a challenge to public health and modern preventive medicine. In concluding this part of my report I should like to urge the need for taking, and holding a calm and balanced view on tuberculosis—neither being carried away by over optimism, nor allowing gloom and pessimism to darken the picture. I believe that we can and will eradicate this wretched disease from our midst, but I feel sure the process will not be either rapid or easy.

Turning now to communicable diseases other than tuberculosis, the principal impression is that of epidemic measles in

the first half of the year. In all 1,565 cases were notified and this epidemic affected all districts in the Area with the exception of Torpoint Urban District. Pneumonia, whooping cough and scarlet fever were all more prevalent than in 1952. There were three cases of diphtheria, of which two were in adults who had never been immunised. Two cases only of non-paralytic poliomyelitis were notified during 1953. In spite of the large influx of visitors into Cornwall during the summer holiday season three cases only of food poisoning were notified in this Area during the year.

During recent years outbreaks of food poisoning in various parts of the country have brought home to the general public and especially to those who participate in or are associated with communal feeding in canteens and restaurants of one sort or another, the need for high standards of hygiene in the handling of food. This public interest has now progressed to the stage where, after fairly thorough investigations of the position, the Government has announced its intention to introduce new legislation which should ensure higher standards of hygiene in establishments where food is handled and prepared for human consumption. At present legislation in this important sphere is ill-defined and generally unsatisfactory. Under the new legislation the most important provision will be that which will require the registration of all premises dealing with food for human consumption. This will give District Councils the right to satisfy themselves that premises and particularly catering establishments, are of adequate size, and are reasonably equipped to handle food in a hygienic manner. At present it is difficult to insist on such reasonable standards and I have seen small catering establishments in which the amount of space devoted to the storage, preparation and cooking of food, and the cleansing, and storage of cooking utensils, and crockery, made it difficult if not impossible to maintain a reasonable standard of hygiene. Establishments of this type are in the minority, the majority of premises in which food is handled being reasonable in size and equipment. Owing, however, to the great influx of visitors into the County during the summer season, there is a distinct tendency for small, badly equipped establishments of this unsatisfactory type to spring hastily into existence at the beginning of the season with the intention of functioning for the summer season only. In such circumstances the proprietors are understandably not inclined or anxious to spend much on premises, and equipment, although in the course of four or five months a surprisingly large amount of food may be prepared and eaten in these places. Another difficulty which faces the catering industry springs from the seasonal fluctuation in trade. I refer to the necessity for engaging additional staff to meet the heavy summer demand on

catering facilities, and here the difficulty of obtaining good, experienced employees for seasonal work is evident. This is unavoidable, but none the less unfortunate, since the commonest source of food poisoning is the inexperienced or careless food handler. Premises, and equipment may be above reproach, but if the food handlers are inexperienced or careless the danger of an outbreak of food poisoning is always present. Apart from the obvious necessity of sparing the public the distressing and exhausting illness which result from contaminated food, the occurrence of outbreaks of food poisoning in a tourist and holiday area, such as Cornwall is, can have serious financial repercussions on the tourist industry. It is only fair to add that in the last five years the number of cases of food poisoning in this Area has been extremely small, and in no case has any catering establishment been involved—a tribute to the good standards of cleanliness which exist in the catering industry. I trust these standards will be maintained in future years.

The welfare of old persons continued to give some anxiety during 1953. In several cases old men and women were reported as living alone in squalid insanitary circumstances with, in addition, an appreciable risk of fire existed as a result of careless handling of oil lamps, candles and paraffin oil. In almost all cases it was difficult or impossible to get relatives to undertake the care of or responsibility for these old persons. For much the same reasons which precluded relatives from helping—the senile, eccentric, and unreasonable attitude of most of these old people—it was not possible to find a home help who would face up to the task of cleaning up the home, and trying to get the old person to co-operate in keeping it reasonably clean. In the majority of cases, where it was felt that the old person could not continue to live at home, it was possible to persuade them to enter an institution or a hospital. In one case, however, an old man of 85 refused to see reason, and because of the filthy and insanitary conditions under which he was living application was made to a Court of Summary Jurisdiction under Section 47 of the National Assistance Act 1948. The Magistrates made an order for his removal and detention in Lamellion Hospital, Liskeard, where he subsequently remained of his own free will, without the necessity for having the order renewed.

I have written before of the importance of good housing in promoting and maintaining health and it is heartening to be able to report good progress on this front during 1953. In the rural districts it would appear that the numbers of new houses becoming available for letting are adequate to satisfy almost all the demands in those districts. In the urban parts of the Area the demand still exceeds the supply, but even here the clamour for rehousing is not so loud or insistent as in previous years. It

is true, of course, that the higher rents and rates attaching to most Council houses deter many families who need rehousing from applying, and in that respect, the most easily available criterion of the need for rehousing—the list of applicants— is not completely reliable. Up to now the necessity for providing new houses to make up for the acute shortage caused by the war has been paramount and in this Area practically nothing has been done to clear districts where most of the dwellings are old and in such a state of dilapidation and disrepair that they cannot be reconditioned. Whilst such slum districts are neither numerous nor large in extent they do exist in the urban parts of this Area, and now that the demand for new houses has eased, consideration will have to be given to clearing these blocks of property and rehousing the inhabitants, and it seems likely that in the near future the Government will press District Councils to produce schemes to deal with slum clearance.

During 1953 no scheme of major importance for water supply or sewage disposal was actually in hand, although much work on planning and preliminary investigation of such schemes was undertaken in Liskeard and St. Germans Rural Districts. In the former district further work on the comprehensive scheme to supply water throughout the Rural District from the river Fowey was more or less at a standstill pending the formation of a Joint Water Board. Although the need for proper systems of water supply, and sewage disposal is generally recognised, the very high cost of such schemes is one of the most difficult obstacles to their immediate and widespread implementation and here as in many other fields, projects have had to be graded in an agreed order of priority.

In this preface I have tried to put forward in as broad a manner as possible those aspects of public health practice and administration which have seemed to me important during the year 1953. The views and opinions expressed are not original, though they are necessarily coloured, or perhaps distorted, by my personal outlook. I have as far as possible tried to avoid dealing in matters of a controversial nature since I am conscious of my inability to take a truly impartial and unbiased view on such matters. I cannot conclude without expressing my thanks to members and officers of the six County District Councils I serve, for the kindness, understanding and co-operation they have extended to me during the past year.

I have the honour to be,

Mr. Chairman, Mrs. Tregarthen and Gentlemen,

Your obedient servant,

P. J. FOX,

Medical Officer of Health.

BOROUGH OF SALTASH

Area of Borough	6257 acres
Population (Registrar-General's Estimate) ...	7950
Number of Inhabited Houses	2300
Rateable Value of Borough	£54683
Sum Represented by Penny Rate	£221

Vital Statistics for 1953

	Male	Female	Total
Live births	60	73	133

	Saltash M.B.	Health Area No. 7	England & Wales
Birth rate per 1,000 of population	17.1	15.6	15.5

	Male	Female	Total
Still births	1	—	1

	Saltash M.B.	Health Area No. 7	England & Wales
Still birth rate per 1,000 of population	0.13	0.26	0.35

	Male	Female	Total
Deaths	47	61	108

	Saltash M.B.	Health Area No. 7	England & Wales
Date rate per 1,000 of population	10.3	10.7	11.4

Deaths Attributed to Pregnancy, Childbirth and the Puerperal State.

One death registered under these heads.

	Saltash M.B.	Health Area No. 7	England & Wales
Maternal mortality rate per 1,000 total births ...	7.46	1.36	0.76

Deaths of Infants Under One Year of Age

	Male	Female	Total
All causes	2	3	5

	Saltash M.B.	Health Area No. 7	England & Wales
Infant mortality rate per 1,000 live births ...	37.6	26.4	26.8

Principal Causes of Death at All Ages

Heart Disease	33
Vascular lesions of the nervous system ("stroke")	19
Cancer (all sites)	11
Respiratory Disease	5
Circulatory Disease	5
Genito-urinary Disease	5
Influenza	4
Accidents	4
Digestive Disease	3
Diabetes	3
Tuberculosis	3

Average Age at Death

Males	*Females*
65	65

There is not a great deal in the foregoing statistics that calls for comment. The birth rate is above, and the death rate below the corresponding rates for England and Wales. Maternal mortality and infant mortality rates are above the national rate. In the principal causes of death, cancer takes a less prominent part than in the surrounding County Districts and the Health Area, whereas "strokes" were more common as a cause of death in the Borough. Cancer deaths show a reduction of 4 as compared with 1952.

Infectious Disease.—The total of 263 cases of infectious disease notified during 1953 show a marked increase over the total of 39 cases in 1952, a year of unusually light incidence. The bulk of the total was due to an outbreak of measles during the first half of the year when 225 cases were notified. There were no deaths from notifiable infectious disease during the year.

The following are details of actual numbers, and case rates of infectious disease notified during 1953:—

	Cases	Rate per 1,000 of Population: Saltash M.B.	Health Area No. 7	England & Wales
Measles ...	234	29.43	29.74	12.36
Pneumonia ...	13	1.64	1.41	0.84
Erysipelas ...	6	0.76	0.25	0.14
Scarlet Fever ...	4	0.50	1.20	1.39
Whooping Cough ...	4	0.50	3.55	3.58
Food Poisoning ...	1	0.13	0.06	0.24
Rate per 1,000 total (live and still) Births				
Puerperal pyrexia ...	1	7.46	5.44	18.23

Tuberculosis.—During 1953 the total number of cases of this disease notified in the Borough was 11. All these were respiratory tuberculosis. A further case of respiratory tuberculosis not previously notified came to light through a death return. There were two other deaths of known cases, one of an infant from tuberculosis meningitis probably contracted from an older child in the same family. At the end of 1953 there were 46 cases of respiratory tuberculosis and 6 cases of non-respiratory tuberculosis known to be resident in the Borough.

The following are details of new cases, deaths, case rates and mortality rates in the year 1953:—

Age Group	*New Cases*		*Deaths*	
	M.	*F.*	*M.*	*F.*
0— 1	—	—	—	—
1— 5	1	—	1	—
5—15	—	3	—	—
15—45	2	3	1	—
45—65	2	—	1	—
65 and over ...	—	—	—	—

Rate per 1,000 of Population

	Saltash M.B.	Health Area No. 7	England & Wales
New Cases	1.38	1.18	Not stated
All Cases	6.54	6.29	Not stated
Deaths	0.25	0.15	0.20

National Assistance Act, 1948.—No action under Section 47 of this Act was called for during 1953.

Water Supply.—The present arrangements whereby Plymouth Corporation supplies the bulk of the water consumed in the town, and additional supplies are obtained from the South-East Cornwall Water Board, are very satisfactory and call for no comment.

Sewage and Sewage Disposal.—The discharge of a considerable quantity of crude untreated sewage into the tidal waters of the Tamar river continues, and there are at present no schemes or plans to deal with this unsatisfactory state of affairs. The standard of effluent from the Salt Mill sewage disposal plant has been improved by repairing parts of the plant, and ensuring better supervision of the plant.

Food.—Reference to the Sanitary Inspector's report will show that he has done much to ensure that food is handled in a hygienic manner. Mr. Hall points out that present legislation on this important subject is deficient, and expresses the feeling

of the great majority of public health workers when he writes of the need for new and more specific legislation. We hope that such legislation will be forthcoming in the near future.

Food Poisoning.—Only one isolated case of this disease was notified during the year, and this was not of a serious nature.

Housing.—The rate of house building slowed down appreciably in 1953 when only 6 new houses were completed. The Council feels that the demand for Council houses has been almost wholly met and provision of further new houses may only raise difficulties in finding tenants. If the scheme for the clearance of the waterside area in the neighbourhood of Tamar Street and Silver Street is put in hand further buildings will be necessary to house the population displaced from the many old, sub-standard types of slum dwelling which exist in that area.

Factories' Act, 1937.—No difficulties were experienced in the administration of the provisions of this Act.

Report of the Sanitary Inspector.—The Annual Report of the Sanitary Inspector, Mr. R. B. Hall, follows. I wish to take this opportunity of expressing to Mr. Hall my sincere thanks for the assistance he has given me during the past year.

APPENDIX 1

Principal Causes of Death—All Ages—1953.

Disease	St. Germans R.D.	Liskeard R.D.	Saltash M.B.	Torpoint U.D.	Liskeard M.B.	Looe U.D.	Heaith Area No. 7
Heart Disease ...	65	72	33	12	67	17	266
Cancer (all sites)	37	23	11	10	10	14	105
Vascular lesions of the nervous system ("stroke") ...	10	19	19	6	15	3	72
Respiratory disease	19	11	5	4	4	3	46
Circulatory disease	9	3	5	3	3	2	25
Genito-urinary disease	3	5	5	—	2	1	16
Accidents	2	6	4	—	2	1	15
Digestive disease	4	4	3	2	—	—	13
Diabetes	4	1	3	—	1	—	9
Tuberculosis ...	2	2	3	—	1	—	8
Suicide	3	2	—	—	2	—	7

APPENDIX 2

Types of Heart Disease and Cancer causing Death—1953

Type of Disease	St. Germans R.D.	Liskeard R.D.	Saltash M.B.	Torpoint U.D.	Liskeard M.B.	Looe U.D.	Health Area No. 7
Coronary disease angina	28	23	10	3	7	4	75
Hypertension with heart disease ...	5	5	4	—	4	3	21
Other heart disease	32	44	19	9	56	10	170
Cancer of stomach	9	4	1	1	3	3	21
Cancer of bronchus and lung ...	9	3	—	1	—	1	14
Cancer of breast ...	2	—	—	—	1	2	5
Cancer of womb ...	2	1	2	—	—	1	6
Other cancers ...	15	15	8	8	6	7	59

APPENDIX 3

Deaths by Age Groups—1953

District	0—5 years	5—15 years	15—45 years	45—65 years	65—75 years	75 and upwards	All Ages
St. Germans R.D.	8	2	5	43	53	74	185
Liskeard R.D. ...	8	—	6	35	42	78	169
Saltash M.B. ...	6	—	7	23	26	46	108
Torpoint U.D. ...	2	—	3	11	13	13	42
Liskeard M.B. ...	—	—	2	18	26	72	118
Looe U.D. ...	1	—	4	4	14	21	44
Health Area No. 7	25	2	27	134	174	304	666

APPENDIX 4

Average Age at Death—1953

District	*Males*	*Females*
St. Germans R.D.	69	66
Liskeard R.D.	65	72
Saltash M.B.	65	65
Torpoint U.D.	66	61
Liskeard M.B.	74	78
Looe U.D.	68	70
Health Area No. 7	68	69

APPENDIX 5

TUBERCULOSIS

Incidence of, and Mortality from Tuberculosis, in Health Area No. 7—1953

Age Group	*New Cases*		*Deaths*	
	M.	*F.*	*M.*	*F.*
0— 1	—	—	—	—
1— 5	3	1	1	—
5—15	5	7	—	—
15—45	15	15	1	1
45—65	9	3	2	1
65 years and upwards	5	—	2	—
Totals	37	26	6	2

	Males	*Females*
Case rate per 1,000 of population (new cases)	0.69	0.49
Mortality rate per 1,000 of population ...	0.11	0.04

Case Rates and Mortality Rates per 1,000 of Population by County Districts in Health Area No. 7—1953.

District	*New Cases*	*Total Cases as at 31-12-53*	*Deaths*
St. Germans R.D. ...	1.44	6.31	0.12
Liskeard R.D.	0.71	5.33	0.14
Saltash M.B.	1.38	6.54	0.25
Torpoint U.D.	1.34	6.26	—
Liskeard M.B.	1.16	9.26	0.23
Looe U.D.	1.11	5.85	—
Health Area No. 7 ...	1.18	6.29	0.15

APPENDIX 6

B.C.G. Vaccinations against Tuberculosis—1953

District	Under 1 Year	1—5 Years	5—10 Years	10—15 Years	15 Years and over
St. Germans R.D. ...	8	9	7	6	1
Liskeard R.D.	2	2	2	1	—
Saltash M.B.	4	2	1	1	2
Torpoint U.D.	3	10	10	3	—
Liskeard M.B.	2	3	1	1	*11
Looe U.D.	1	3	3	1	1
Health Area No. 7 ...	20	29	24	13	15

* Student Nurses at Wadham House Training Establishment.

BOROUGH OF SALTASH

THE ANNUAL REPORT

of

THE SANITARY INSPECTOR

For the Year ending 1953.

Water Supply.—Supplies of water are still made by Plymouth Corporation at the rate of 270,000 gallons per day, and by the South-East Cornwall Water Board at approximately 5,000 gallons per day.

As from January, 1954, the South-East Cornwall Water Board will supply 16,000 gallons per day and continue to supply further according to agreement brought about in view of the Trematon Area Water Scheme.

The Trematon Area Water Scheme is almost complete and will be submitted to the Ministry for loan sanction early in 1954.

A new main has been laid from Pillmere to Burraton Cross, which has improved considerably the supply of water to Burraton and in turn makes available more water from South-East Cornwall Water Board.

The new trunk main intended to feed Longstone distribution tank from the existing trunk main across the Royal Albert Bridge has not yet been started, due to delay in obtaining pipes, but it is hoped it will be commenced late in 1954. The trunk main across the Royal Albert Bridge will also be wrapped.

There has been no contamination of piped water supply, and wells which still continue to supply some outlying districts are treated weekly to supply satisfactory water to meet the needs of the inhabitants of these areas.

One chemical analysis and two bacteriological examinations were taken from piped supplies and eighteen bacteriological examinations were made in connection with water taken from wells.

Sewage and Sewage Disposal.—There are still four main discharge points for sewage into the River Tamar. Three discharge crude untreated sewage directly into the River, the fourth discharges an effluent from Salt Mill Disposal Works. This effluent has been considerably improved by the cleansing and repairing of the Dortmund Tanks and by better supervision of the disposal plant.

There is no scheme at present prepared for the eventual disposal of a satisfactory effluent from all discharge points.

I cannot pass without commenting on the atrocious manner which in previous years drains and sewers have been laid. Faults are continually being brought to notice and in many instances the repairs necessary can only be done by relaying the whole of a particular length of drain or sewer.

Refuse Collection and Disposal.—One three-ton vehicle is used solely for the collection and disposal of household and trade refuse. A weekly collection is made throughout most of the area.

Salt Mill tip has been improved tremendously by the use of controlled tipping although its use is now limited to a few years.

The collection of waste paper was discontinued throughout the whole of the year, but metal and rags were collected, separated and sold.

Public and Street Cleansing.—The responsibility of the Borough Surveyor as in the past. Cesspools still in use in the outer area are emptied by hiring a vehicle from a neighbouring

Public Conveniences are now situated in what is considered the necessary parts of the Borough and they are well maintained. Vandalism is responsible for the lack of amenities in some conveniences as these can be provided or have been provided but apparently not appreciated.

Closet Accommodation.—There is still no change from the position stated in the 1952 Report.

Pail closets are still in use at one school in the area, and although suggestions have been made for the improvement of this abomination (which if carried out would be ready for immediate use as and when piped water was available) they have not been improved.

Sanitary Inspections of the Area.

Drains, W.C's., etc	73
Housing Applications	117
Houses	183
Food Premises	106
Shops	86
Factories	58
Licensed Premises	16
Schools	5
School Canteens	6
Dirty Premises	32
Rodent Control	54
Water Samples	21
Food Samples, including Milk ...	6
Ice Cream	21
Food Poisoning	2
Other visits unclassified	142
Infectious Diseases	2

Shops.—106 visits have been made in administering the Shops' Act 1950. These premises have improved greatly in the past few years, notices have been served in only seven cases for minor infringements and all defects were remedied.

Factories.—There is no large industrial concern within the district. The larger firms have well-maintained premises and in all cases are most anxious to comply with every requirement necessary. The small firms in some instances are opposed to some improvements, but with a little persuasion the difficulty is overcome.

Seven notices were served under the Act.

Camping Site.—One licensed Camping Site varies its choice of residents almost monthly. Most of the permanent occupiers of huts are in a fair condition, but the casual users are again using this Site as a means of obtaining Council accommodation.

Disinfestation.—Thirty-two visits have been made to verminous premises and 11 disinfestations have been carried out.

In two instances aged persons were persuaded to leave their own homes to be cared for in places for the aged.

Whilst there is still no provision made by the County for the treatment of verminous persons and their belongings this Council has provided a means for bathing and cleansing such persons.

Schools.—I am still far from satisfied with the arrangements made for meals at two schools within the Borough. My comments in last year's report still apply to these schools. Representations have, I understand, been made to the Ministry concerned, but so far as I am aware officially, sanction has not been given to carry out any alterations.

Sanitary accommodation and washing facilities at Longlands School are still very poor, they really show lack of forethought on the part of the County Education Authority.

Rodent Control.—260 premises have been visited by the full-time Rodent Operator, and 54 premises by myself.

These visits are classified as follows:—

Dwellinghouses	126
Farms and Agricultural Holdings ...	51
Business Premises	83

Charges at a fixed rate for time and materials are made for business premises, farms and agricultural holdings.

Sewers have not been treated separately in this past year, but have been treated by block control in any area of infestation.

Salt Mill Tip and Salt Mill Sewage Disposal Works are treated every three months.

It is pleasing to report the co-operation that now exists between the Local Authority's Operator and all the owners or occupiers of premises. In only one instance has any resentment been met with.

Housing.—Warraton Housing Estate has continued to be developed by the completion of 4 four-bedroomed and 2 large three-bedroomed houses in order to cater for the needs of the larger families. Difficulty was experienced in finding the right type of family for these houses as the question of high rents had to be met. They are now tenanted satisfactorily.

Eight one-bedroomed and eight two-bedroomed Flats scheduled for 1953 will commence early in 1954. It is felt by this Council that saturation point has been reached in building Council houses for this Borough. The percentage of Council houses as compared to private houses is $23\frac{1}{2}\%$ and the present policy is not to build further. Provision will, of course, be made for Slum Clearance which will be the main feature of 1954.

Inspection of Houses during the Year

(*a*)	Total number of houses inspected for defects (under Public Health and Housing Acts)	183
(*b*)	Number of inspections for that purpose	247
(*c*)	Number included in sub-head (*a*) which were inspected and reported under the Housing Consolidated Regulations 1925 and 1932	2
(*d*)	Number of inspections made for that purpose ...	9
(*e*)	Number found to be in a state so dangerous or injurious to health as to be unfit for human habitation ...	Nil
(*f*)	Number (excluding those referred to in preceding paragraph) found not to be in all respects reasonably fit for human habitation	Nil

Remedy of Defects during Year without Formal Notice

	Number of defective dwellinghouses rendered fit in consequence of informal notice by Local Authority or their Officers	91

Action under Statutory Powers during the Year

A.—Proceedings under Section 9, 10 and 16 of the Housing Act, 1936 :

(1)	Number in respect of which notices were served requiring defects to be remedied	12
(2)	Number rendered fit after service of formal notice:—	
	(a) By owners	11
	(b) By Local Authority in default ...	1

B.—Proceedings under Public Health Act :

(1) Number in respect of which informal notices were served requiring defects to be remedied 79

(2) Number in which defects were remedied after service of formal notice :—

(a) By owners 23

(b) By Local Authority in default ... Nil

C.—Proceedings under Section 11 and 13 of Housing Act, 1936 :

(1) Number in respect of which demolition orders were made ... ... Nil

(2) Number demolished in respect of demolition orders... Nil

D.—Proceedings under Section 12 of the Housing Act, 1936 :

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ... Nil

(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ... Nil

Housing Act, 1936—Overcrowding.—117 visits were made to premises in connection with housing applications. 14 cases of overcrowding were relieved during the year and 11 new cases were reported.

E.—Inspection and Supervision of Food.

1.—Clean Food Campaigns can only be carried out by the co-operation of all employers and employees in all food premises. The response from this source has, I am reluctant to admit, been poor. Although a vast improvement has been made in the appearance, conditions, service and handling of food, I still consider improvements can be made, but only by more specific legislation. Two items in my opinion serve to disrupt even the highest standard of hygienic practice, these are ration books and dogs. Ration books now appear to be leaving us, but the dog menace still remains. Notices have been displayed in accordance with the recommendations contained in Circular MF20/51, and on some individuals they have had the desired effect, but on others where the dog seems to have the same attention as a child it is still a menace. In my opinion legislation is the only answer which will protect both the traders and the general public from these dog shoppers.

2.—The number of food premises in the Borough by type of business are:—

21 Grocery and Provisions.
5 Bakers and Confectioners.
4 Chemists.
8 Butchers.
4 Restaurants.
3 Fried Fish, etc.
4 Wet Fish and Shell Fish.
9 Licensed Premises.
4 Miscellaneous Mixed.
2 Greengrocery.
1 Registered Dairy.
6 Registered Distributors of Milk.
6 Dealers' Licences—Tuberculin Tested Milk.

3.—The number of food premises in the Borough by type registered under Section 14 of the Food and Drugs Act:—

Sub-Section 1 (a) 11 Grocery and Provision and Ice Cream.
1 Mixed and Ice Cream.
2 Restaurant and Ice Cream.
3 Baker and Confectioner and Ice Cream.

Sub-Section 1 (b) 8 Butchers (Sausage Making).
3 Fried Fish.

4.—There is no new or established educational activity in respect of food hygiene.

5.—The method of disposal of condemned food varies according to the different firms having unfit food. Most of the traders deal direct with their suppliers and subject to a certificate being given the suppliers withdraw the unfit food. All unfit food surrendered to the Sanitary Inspector is, in the case of meat and foods not in tins, dyed and removed to the refuse tip, in the case of tinned foods these are punctured and again removed to the refuse tip. All amounts greater than those provided for in the Salvage Goods Order are passed to suppliers. The amount of unfit food passed to the refuse tip is small and can be disposed of satisfactorily, should it be necessary to dispose of any food by reason of its special significance it can be disposed of by burning.

Meat, Milk and other Foods.

During the past twelve months there has been no undue circumstances upon which comment is necessary.

The Public Health Laboratory Service having been situated at Plymouth last year gives an easy and most convenient service to this Borough for sampling.

The samples of ice cream which were taken proved satisfactory. With one exception all ice cream is purchased from multiple firms.

SUMMARY

I wish again to express my thanks to the Medical Officer of Health, the Chairmen and Members of the Sanitary and Highways and Housing Committees and to all members of the staff of the Local Authority for their co-operation during the past twelve months.

R. B. HALL.